

EXHIBIT B

REQUEST FOR REASONABLE ACCOMMODATION (RA)

For use of this form, see FH REG 690-600; the proponent agency is EEO.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 3013, AR 690-600; EO 13164

PRINCIPAL PURPOSE(S): To establish effective written procedures for processing requests for reasonable accommodation and for tracking purposes.

ROUTINE USE(S): Used to gather information for individuals requesting reasonable accommodation.

DISCLOSURE: Disclosure is voluntary; however, failure to disclose requested information may result in an inability to process a request.

SECTION I - REQUEST FOR REASONABLE ACCOMMODATION

To be filled out by the employee or applicant requesting the accommodation

1. REQUESTER: (Last Name, First Name) FrancisHoward, Camille L 2. DIRECTORATE: G8

3. REQUESTER'S JOB TITLE/SERIES/GRADE: Budget Analyst 0560 GS11

4. DUTY SECTION: Budget Plans and Programs 5. E-MAIL ADDRESS: camille.l.francishoward.civ@mail.mil

6. DUTY PHONE: (With Area Code) +1 (254) 288-1224 7. CELL PHONE: (With Area Code) +1 (254) 833-2781

8. SUPERVISOR FULL NAME AND PHONE NUMBER: (With Area Code) Tracylynn Howard 2542881289

9. I REQUEST THE REASONABLE ACCOMMODATION DESCRIBED BELOW BECAUSE I HAVE THE FOLLOWING MEDICAL CONDITION OR BECAUSE OF MY RELIGIOUS PRACTICE: (Short description of medical condition or religious observance.)

Due to disability of migraine headaches. Doctor note provide as attachment.

10. I AM UNABLE TO COMPLETE CERTAIN JOB FUNCTIONS REQUIRED IN MY CURRENT POSITION FOR THE FOLLOWING REASONS: (Describe employment situation, job tasks, practices, or workplace barriers that keep you from performing essential job functions or from receiving equal benefits and privileges or employment.)

Due to the following triggers (Lights, Noises, Odors, Stress, Weather, Temperature & Barometric Pressure) of migraine headaches interacting with others is difficult due to perfume/cologne, room fresheners, candles, smell of food, light, noise and stress. Condition has impacted work attendance and performance as I experience poor concentration, putting thoughts together, thinking clearly, memory issues as well as difficulty seeing/hearing as light and noise severely impact migraine causing immobility during time of headache.

11. I AM REQUESTING THE FOLLOWING ACCOMMODATION: (Identify the suggested accommodation, or state if you do not know what accommodation may be appropriate. Identify any recommendations for alternative accommodation, where possible.)

Anti-glare filter for computer monitor, reduce fluorescent lighting as needed, wear polarized sunglasses or anti-glare glasses in the work area, allow telework 4 days a week 8, 9hr days and ,1 8hr day, air purification device, move to a private office with door, and have the ability to close the door to allow for personal adjustment where environment can be control, attend staff meetings and award ceremonies via telephone.

12a. NAME OF REQUESTER OR REPRESENTATIVE: *Camille L. Francis-Howard*12b. SIGNATURE OF REQUESTER OR REPRESENTATIVE: *Camille L. Francis-Howard*12c. DATE: *Aug. 11, 2016*

SECTION II - SUPERVISOR APPROVAL/DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION

Actions by the supervisor to be completed within 30 calendar days of receipt of a Reasonable Accommodation Request

13. NAME OF REQUESTER: FrancisHoward, Camille L.

14. DATE ACCOMMODATION REQUESTED: Aug 8, 2016

15. TYPE OF REASONABLE ACCOMMODATION REQUESTED:

Anti-glare filter for computer monitor, reduce fluorescent lighting as needed, wear polarized sunglasses or anti-glare glasses in the work area, allow telework 4 days a week 8, 9hr days and ,1 8hr day, air purification device, move to a private office with door, and have the ability to close the door to allow for personal adjustment where environment can be control, attend staff meetings and award ceremonies via telephone.

16. ADDITIONAL DOCUMENTATION(S) REQUIRED: (SECTION III must be completed by the requester's medical professional; for religious accommodation, documentation(s) must be completed by the requester's religious leader.)

 ADDITIONAL DOCUMENT IS NOT REQUIRED. ADDITIONAL DOCUMENT/INFORMATION IN SECTION III IS REQUIRED.

(The time line for processing Reasonable Accommodation will stop while waiting for documentation and will resume upon receipt of a document(s))

REQUIRED BY (Date):

17. APPROVED ACCOMMODATION IS (Describe) AND EFFECTIVE DATE:

18. DENIED REQUEST ON 19 December 2016 BECAUSE (Check all that apply):

- ACCOMMODATION INEFFECTIVE
- ACCOMMODATION WOULD CAUSE UNDUE HARSHIP
- NO SUPPORTING MEDICAL DOCUMENTATION
- MEDICAL DOCUMENTATION INADEQUATE
- ACCOMMODATION WOULD REQUIRE REMOVAL OF AN ESSENTIAL FUNCTION OF DUTIES
- ACCOMMODATION WOULD REQUIRE LOWERING OF PERFORMANCE OR PRODUCTION STANDARD
- OTHER (Explain. Additional information can be documented in block 44.)

19. DETAILED REASON FOR DENYING THE REQUESTED REASONABLE ACCOMMODATION: (Must be specific, e.g., accommodation is ineffective or causes undue hardship, time line to obtain documentation, etc.)

See Continuation Sheet. jh

20. IF YOU BELIEVE A DIFFERENT TYPE OF REASONABLE ACCOMMODATION IS APPROPRIATE, DESCRIBE THE ACCOMMODATION AND THE REASON WHY THE SELECTED ACCOMMODATION WOULD BE INEFFECTIVE:

20a. NAME AND TITLE OF SUPERVISOR:

Tracylynn C. Howard
Supr. Financial Management Analyst

20b. SIGNATURE OF SUPERVISOR:

20c. DATE:

19 December 2016

21. INDIVIDUAL REQUESTING REASONABLE ACCOMMODATION IS INFORMED AND ACKNOWLEDGES THE SUPERVISOR'S DECISION INDICATED BELOW:

I ACCEPT THE ACCOMMODATION DESCRIBED IN (Check all that apply):

- BLOCK 17
- BLOCK 20

I DECLINE THE ACCOMMODATION DESCRIBED IN (Check all that apply):

- BLOCK 17
- BLOCK 20

22. THE REQUESTER IS INFORMED IF HE/SHE WISHES TO REQUEST RECONSIDERATION OF THE DENIAL, HE/SHE MAY TAKE THE FOLLOWING STEPS:

22a. SUBMIT THE REQUEST FOR RECONSIDERATION TO THE DECISION MAKER WITHIN 15 CALENDAR DAYS OF THE DENIAL. THE DECISION MAKER'S NAME/TITLE: Archie P. Davis III, Director Resource Management

22b. ADDITIONAL INFORMATION MAY BE PRESENTED TO SUPPORT THIS REQUEST.

22c. IF THE RECONSIDERATION REQUEST IS DENIED BY THE DECISION MAKER, YOU MAY NEXT SUBMIT YOUR RECONSIDERATION TO THE DECIDING OFFICIAL (DEPARTMENT CHIEF OR THE DIRECTORATE CHIEF) OR THE COMMANDER, OR CONTACT THE EEO OFFICE.

I WISH TO SUBMIT A RECONSIDERATION OF THE REQUEST TO THE DECIDING OFFICIAL WITHIN 15 CALENDAR DAYS FROM TODAY.

22d. NAME OF REQUESTER:

22e. SIGNATURE OF REQUESTER:

22f. DATE:

SECTION III - ADDITIONAL INFORMATION

To be filled out by requester's medical professional or religious leader and returned to the supervisor by the suspense date indicated in section II, block 16.

23. NAME OF REQUESTER:

24. DATE:

25. I HAVE REVIEWED THE ATTACHED EMPLOYEE'S POSITION DESCRIPTION (PD) AND THE FOLLOWING INFORMATION WILL HELP SUPERVISOR/MANAGER MAKE A DETERMINATION WHETHER THE EMPLOYEE HAS A DISABILITY AND THE TYPE OF APPROPRIATE ACCOMMODATION:

25a. THE EMPLOYEE HAS A PHYSICAL, MENTAL, OR COGNITIVE IMPAIRMENT: YES NO

25b. DESCRIBE THE IMPAIRMENT (Additional information can be documented in block 44):

Per Neurologist, patient suffers from intractable Migraines triggered by multiple stimuli. She experiences physical, mental, cognitive impairments that affect her ability to function in the workplace. i.e. Nausea, vomiting, memory changes, dizziness, anxiety. Medication also result in impairment.

25c. THE IMPAIRMENT IS LONG-TERM OR PERMANENT: YES NO

25d. THE IMPAIRMENT IS NOT PERMANENT, HOWEVER, THE IMPAIRMENT WILL LIKELY LAST (Specify duration or length of time):

25e. THE IMPAIRMENT AFFECTS A MAJOR LIFE ACTIVITY: YES NO

25f. THE FOLLOWING MAJOR LIFE ACTIVITY(S) IS/ARE AFFECTED (Check all that apply):

<input checked="" type="checkbox"/> CARING FOR SELF	<input type="checkbox"/> WALKING	<input checked="" type="checkbox"/> HEARING	<input checked="" type="checkbox"/> LIFTING
<input checked="" type="checkbox"/> INTERACTING WITH OTHERS	<input checked="" type="checkbox"/> STANDING	<input checked="" type="checkbox"/> SEEING	<input checked="" type="checkbox"/> SLEEPING
<input checked="" type="checkbox"/> PERFORMING MANUAL TASKS	<input checked="" type="checkbox"/> REACHING	<input checked="" type="checkbox"/> SPEAKING	<input checked="" type="checkbox"/> CONCENTRATING
<input type="checkbox"/> BREATHING	<input checked="" type="checkbox"/> THINKING	<input checked="" type="checkbox"/> LEARNING	<input type="checkbox"/> WORKING
<input type="checkbox"/> TOILETING	<input type="checkbox"/> SITTING	<input type="checkbox"/> REPRODUCTION	
<input type="checkbox"/> OTHER (Describe. Additional information can be documented in block 44.):			

25g. THE EMPLOYEE IS SUBSTANTIALLY LIMITED IN ONE OR MORE OF THESE MAJOR LIFE ACTIVITIES: YES NO

26. FROM THE EMPLOYEE'S CURRENT POSITION DESCRIPTION, THE LIMITATION CAUSES THE EMPLOYEE TO HAVE TROUBLE PERFORMING THE FOLLOWING JOB FUNCTION(S):

- Use of computer systems.
- Critical thinking & calculating
- Completion of reports
- Difficulty with interaction (including customer service)

27. EXPLANATION OF HOW THE EMPLOYEE'S LIMITATION(S) INTERFERE WITH HIS/HER ABILITY TO PERFORM THE JOB FUNCTION(S):

By symptoms explained in 25B

28. THE FOLLOWING ARE SUGGESTIONS/RECOMMENDATIONS FOR THE EMPLOYEE'S REASONABLE ACCOMMODATION:

28a. THESE ARE THE SUGGESTED/POSSIBLE ACCOMMODATIONS TO IMPROVE JOB PERFORMANCE:

Utilizing JAN (Job Accommodation Network) for Migraines, under the Dept of Labor. I support & recommend accommodation noted on #11.

28b. THE SUGGESTED ACCOMMODATION WILL IMPROVE THE EMPLOYEE'S JOB PERFORMANCE BECAUSE:

-Education of triggers - reduces Migraines thus improving performance

Copperas Cove Medical Home

458 Town Square

Copperas Cove, Texas 76522

Ref# 553-5801

29b. SIGNATURE OF MEDICAL PROFESSIONAL:

29. ACCOMMODATION FOR DISABILITY:

29a. NAME AND TITLE OF MEDICAL PROFESSIONAL:

WAT MEKASHA MCKEE, FNP-C

29b. SIGNATURE OF MEDICAL PROFESSIONAL:



30. RELIGIOUS ACCOMMODATION:

30a. NAME AND TITLE OF RELIGIOUS LEADER:

30b. SIGNATURE OF RELIGIOUS LEADER:

SECTION IV - RECONSIDERATION REQUEST FOR REASONABLE ACCOMMODATION

To be filled out by the requester and submit to the deciding official within 15 calendar days of the supervisor's denial of the Reasonable Accommodation Request.

31. DATE OF RECONSIDERATION REQUEST:

32. NAME OF REQUESTER:

33. DATE ORIGINAL REQUEST FOR ACCOMMODATION SUBMITTED:

34. DATE OF DENIAL OF REQUEST FOR ACCOMMODATION:

35. REQUEST RECONSIDERATION OF THE DENIAL OF REASONABLE ACCOMMODATION. THE FOLLOWING INFORMATION/SUPPORTING DOCUMENTATION IS PROVIDED:

36a. NAME OF REQUESTER OR REPRESENTATIVE:	36b. SIGNATURE OF REQUESTER OR REPRESENTATIVE:	36c. DATE:
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SECTION V - DECIDING OFFICIAL APPROVAL/DENIAL

To be completed by the deciding official within 15 calendar days of receipt of reconsideration request from the requester.

37. NAME OF REQUESTER:

38. DATE RECONSIDERATION SUBMITTED:

39. YOUR RECONSIDERATION REQUEST FOR REASONABLE ACCOMMODATION IS APPROVED EFFECTIVE: _____
THE APPROVED PLAN IS AS FOLLOWS:

40. YOUR RECONSIDERATION REQUEST FOR REASONABLE ACCOMMODATION IS DENIED EFFECTIVE: _____

BECAUSE:

41. YOU ARE FURTHER ADVISED THAT IF YOU BELIEVE THE DENIAL IS BASED ON DISCRIMINATORY REASONS AND WISH TO FILE AN EEO COMPLAINT, PURSUE MERIT SYSTEM PROTECTION BOARD (MSPB), OR COLLECTIVE BARGAINING GRIEVANCE PROCEDURES, YOU MAY TAKE ONE OF THE FOLLOWING STEPS:

41a. EQUAL EMPLOYMENT OPPORTUNITY (EEO) COMPLAINT: PURSUANT TO 29 CFR 1614, CONTACT THE EEO OFFICE WITHIN 45 CALENDAR DAYS FROM THE DATE OF THE NOTICE OF DENIAL OF REASONABLE ACCOMMODATION; OR

41b. COLLECTIVE BARGAINING: FILE A WRITTEN GRIEVANCE IN ACCORDANCE WITH THE PROVISIONS OF THE COLLECTIVE BARGAINING AGREEMENT; OR

41c. MERIT SYSTEM PROTECTION BOARD (MSPB): INITIATE AN APPEAL TO THE MSPB WITHIN 30 CALENDAR DAYS OF AN APPEALABLE ADVERSE ACTION AS DEFINED IN 5 CFR 1201.3.

42a. NAME/TITLE OF DECIDING OFFICIAL:

42b. SIGNATURE OF DECIDING OFFICIAL:

43. EMPLOYEE'S OPTIONS:

I ACCEPT THE ACCOMMODATION DESCRIBED IN BLOCK 39.

I DECLINE THE ACCOMMODATION DESCRIBED IN BLOCK 39. I UNDERSTAND MY RIGHTS TO EITHER APPEAL THE DECISION TO THE COMMANDER, OR THE DIRECTOR; OR TO FILE AN EEO COMPLAINT; OR TO PURSUE MERIT SYSTEM PROTECTION BOARD (MSPB) OR COLLECTIVE BARGAINING GRIEVANCE PROCEDURES WITHIN THE PRESCRIBED TIMELINES AS INDICATED IN BLOCK 41.

43a. SIGNATURE OF REQUESTER OR REPRESENTATIVE:

43b. DATE:

44. CONTINUED REMARKS:

Central Texas Veterans Health Care System
1901 Veterans Memorial Blvd.
Temple, TX 76504

Dr. A. S. 11/25/2013

Patient needs an environment where then she can control the workplace environment. she should not be in a place where there are perfumes and other sensory disturbances like light, noise and smells. These various triggers have been the main provoking factors for her migraines. The patient is also on medications which can cause cognitive impairment.

Padma Kumar, M.D

Padma Kumar

Sincerely,
Your Central Texas Veterans Health Care Team

KARTHIKEYANI KATHIRESAN, MD

Board Certified in Neurology; Board Certified in Neuromuscular Medicine
2301 South Clear Creek Road, Suite 106
Killeen, TX 76549
Phone: 254-526-2343
Fax: 254-526-1084

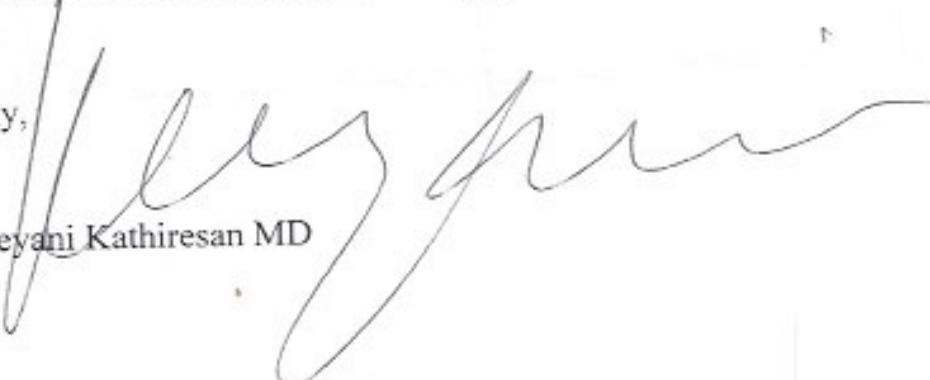
December 7, 2015

To Whom It May Concern:

Patient Camille Francis-Howard is a 43 year old female under my medical care for intractable prostrating migraine. Patient has nausea, vomiting, abdominal pain, dizziness, light, noise sensitivity during migraine attack. Light, noise, strong odors and stress triggers headache. Patient has difficulty to do work due to above symptoms and poor concentration with migraine attack. Patient's condition will impact have work attendance. Currently patient is having about 7 to 10 headaches

Sincerely,

Karthikeyani Kathiresan MD



KARTHIKEYANI KATHIRESAN, MD

Board Certified in Neurology; Board Certified in Neuromuscular Medicine
2301 South Clear Creek Road, Suite 106, Killeen TX, 76549
Phone: 254-526-2343 Fax: 254-526-1084

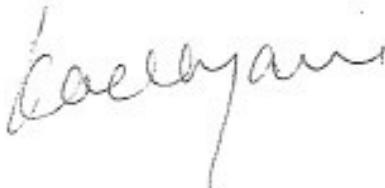
08/05/16

To Whom It May Concern:

Francis-Howard, Camille is a 44 year-old female under my medical care for chronic prostrating intractable migraine. She is currently on Botox treatment. Patient continues to have up to about 10 to 15 headaches per month even while on treatment. Her acute headaches are severe in intensity and she has had multiple emergency room visits. She experiences nausea, vomiting, abdominal pain, dizziness, and light and noise sensitivity with headaches. Lights, noises, strong odors, stress and changing barometric pressure are triggers of her acute headaches. Patient has difficulty in concentrating and has memory problems due to headaches which affect her ability to do her routine work/job. Ongoing prostrating migraine attacks impacts Ms. Howard's work attendance and performance as it is incapacitating her to focus and perform. Previous work place considerations and adjustments seem to be unsuccessful. The triggers continue to adversely affect Ms. Howard and cause physical, emotional and occupational hardship. Please call me for any questions.

Sincerely,

Karthikeyani Kathiresan, MD



CONTINUATION SHEET of FH Form 690-51
NAME OF REQUESTER: Francis-Howard, Camille L.
ACCOMMODATION REQUEST DATE: 11 August 2016

15. TYPE OF REASONABLE ACCOMMODATION REQUESTED:

"Anti-glare filter for computer monitor, reduce fluorescent lighting as needed, wear polarized sunglasses or anti-glare glasses in the work area, allow telework 4 days a week 8, 9hr days and, 1 8hr day, air purification device, move to a private office with door, and have the ability to close the door to allow for personal adjustment where environment can be control, attend staff meetings and award ceremonies via telephone."

19. DETAILED REASON FOR DENYING THE REQUESTED REASONABLE ACCOMMODATION:

I have carefully considered your second RA request, delivered to me on 25 October 2016, while you were on a FMLA absence. You were scheduled to return on 1 December 2016. However, two days before your representative presented a medical provider's note advising you were unable to work until 23 January 2017. The most recent medical assessment shows you continue to suffer from increasingly frequent headaches and that these, and the medications you take to alleviate the symptoms, virtually incapacitate you from performing your job duties.

Previously we partially granted your first RA request by allowing two days of telework per week and a regular schedule of 10 8-hour workdays per pay period. You have requested four telework days per week, a compressed work schedule and a regular day off every other week. We determined that the nature of your work does not lend itself to a longer telework arrangement, especially since your absences for health reasons keep increasing.

You have now been continuously absent since 11 August 2016. Your medical provider's assessment strongly suggests that the nature of your illness and its treatment are such that telework is not a viable option. In fact, your provider expressed concern about the cognitive impairment that your medication causes. In light of these increasing obstacles to your ability to safely & accurately perform your duties, I cannot identify any reasonable accommodation.

 Tracylynn C. Howard 19 Dec 16

Tracylynn C. Howard
Supervisory Financial Management Analyst



Camille L. Francis-Howard
Budget Analyst